

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Richard Black
 Assistant Legal Counsel
 Social Security Administration
 61 Forsyth Street, SW
 Atlanta, GA 30303-892

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Elizabeth Fox

☒ Agent☐ Addressee

B. Received by (Printed Name)

Elizabeth Fox

C. Date of Delivery

10/24/07

Address different from item 1? ☐ Yes
 delivery address below: ☒ No

07 CV 59
 54C

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7006 2760 0002 8193 1941

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540